

Congress of the United States
Washington, DC 20515

January 8, 2015

Ms. Alison Mitchell
Health Care Financing Analyst
Congressional Research Service
The Library of Congress
Washington, D.C. 20540

Dear Ms. Mitchell:

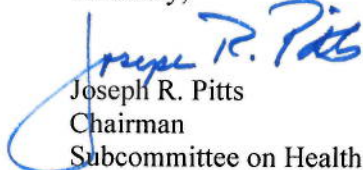
Thank you for appearing before the Subcommittee on Health on Wednesday, December 3, 2014, to testify at the hearing entitled "The Future of the Children's Health Insurance Program."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Thursday, January 22, 2015. Your responses should be mailed to Adrianna Simonelli, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Adrianna.Simonelli@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachment

Attachment —Additional Questions for the Record

The Honorable Joseph R. Pitts

1. To date, two bills have been introduced to extend CHIP—Senator Rockefeller’s CHIP Extension Act of 2014 (S. 2461) and Representative Pallone’s CHIP Extension and Improvement Act of 2014 (H.R. 5364). Do either of these bills currently include offsets? If they were enacted in their current form, what impact would these bills have on the federal deficit?
2. How many CHIP enrollees—either as a percentage or a total number—are from families with income above 200 percent of the federal poverty level (FPL), which equates to about \$47,700 in annual income for a family of four? As a point of reference, the national median income for 2012 was \$53,046, according the U.S. Census Bureau.
3. The Affordable Care Act/Obamacare authorized CHIP through fiscal year 2019, but did not include funding for the program beyond 2015 even though the Act required a Maintenance of Effort for the program for these additional four years. Using CBO data, please provide an general sense of the possible increase of federal spending had the Act funded CHIP through fiscal year 2019.
4. Your report titled *State Children’s Health Insurance Program: An Overview* indicates that, in fiscal year 2013, approximately 84 percent of separate CHIP program enrollees received coverage under some form of managed care. Please describe the types of managed care arrangements used in CHIP. To what extent are CHIP enrollees covered by managed care plans that also offer coverage in the private market versus plans that predominately cover Medicaid and CHIP population?
5. How does the current eligibility requirements of CHIP, Medicaid, and Exchange coverage affect whether or not parents and children have the same health coverage? Please provide illustrative examples of situations where a family may have members with different coverage, such as a child in CHIP and a parent with coverage on the Exchange.

The Honorable Frank Pallone, Jr.

1. Sometimes we hear people criticize Medicaid, and even CHIP, as being a “government run” program. While the federal government provides financial support and broad parameters, states have a lot of flexibility to design their programs. Do you agree?
2. Isn’t it true that most of the coverage provided under both Medicaid and CHIP is provided through private insurance companies, either HMOs or some other arrangement?
3. What Medicaid and CHIP do guarantee, however, is coverage that is child-appropriate. In Medicaid, and in CHIP programs provided through Medicaid, children are guaranteed the Early Periodic Screening Detection and Treatment (EPSDT) benefit. Could you discuss what EPSDT provides that is critical for children?
4. In the responses from Governors that the Committee received to its July 2014 letter on the CHIP program, most governors expressed interest that Congress should act quickly to extend CHIP funding. I strongly agree that we need to act quickly. Please share some of the administrative and operational challenges that states would face if Congress were to delay acting on this issue?